

Work Experience Agreement

The Work Experience Program is a tool to provide training, evaluation, development, and/or the facilitation of gainful employment. Although these assignments are designed to increase re-employment opportunities within the State of Michigan, they will not guarantee a job offer to the return-to-work candidate. **Participants should consider a Work Experience assignment as time limited - a phase in the rehabilitation process that works toward defined return-to-work objectives. A Work Experience Agreement is used in conjunction with an Individualized Written Rehabilitation Plan (IWRP).**

Employee Last Name	First Name	Social Security #
Original Class/Level	Restrictions	
Rehabilitation Specialist	Telephone #	

WORK EXPERIENCE ASSIGNMENT DETAILS

Department/Agency	Work Assignment Location	
Supervisor of Work Experience Employee	Telephone #	
General Description of Duties		
Specific Objectives		
Work Schedule	Start Date	End Date

WORK EXPERIENCE AGREEMENT

The Work Experience employee agrees to the following:

1. Report to the work experience location on time, and work the scheduled shift.
2. Adhere to (and be responsible to follow) all policy, procedure and work rules followed by all employees in this location.
3. Immediately report any problems experienced with work duties to the on-site supervisor, and the Rehabilitation Specialist.
4. The employee will work through an "Employer of Record".

Employee's Signature _____ Date ____/____/____

The Work Experience on-site supervisor/department/agency agrees to the following:

1. Provide meaningful work assignments directed to evaluate an employee's potential to be successful in an alternative job classification.
2. Supervise, train, and evaluate employee performance (submit performance evaluation and/or letter of recommendation to the Rehabilitation Specialist, upon completion of the Work Experience).
3. Understand the employee objective is to become gainfully employed. Allow work schedule modifications for issues related to medical, psychological and employment needs.
4. This Work Experience participant will not displace an employee on regular payroll.
5. Verification of attendance and hours worked will be provided to the "Employer of Record" weekly.

Supervisor's Signature _____ Date ____/____/____